

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q95836													
FY 2009		Confirmation Number 2917													
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)															
Application Number	10/586,858														
Filing Date	October 27, 2006														
For	PRESSURE SENSITIVE ADHESIVE COMPOSITION														
Art Unit	1796	Examiner Name Robert S. LOEWE													
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.															
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):															
		<u>Fee</u>	<u>Small Entity Fee</u>												
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$130.00	\$65.00												
<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))		\$490.00	\$245.00												
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))		\$1110.00	\$555.00												
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))		\$1730.00	\$865.00												
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		\$2350.00	\$1175.00												
<input type="checkbox"/> Previous Payment Amount		Date Submitted	_____												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<input type="checkbox"/> A check in the amount of the fee is enclosed.															
<input checked="" type="checkbox"/> Payment by credit card.															
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.															
<p>I am the</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> applicant/inventor</td> <td style="width: 85%;"></td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record. Registration Number</td> <td style="text-align: center; padding: 5px;">61,446</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registration number if acting under 37 CFR 1.34</td> <td></td> </tr> </table>				<input type="checkbox"/> applicant/inventor		<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		<input checked="" type="checkbox"/> attorney or agent of record. Registration Number	61,446	<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		<input type="checkbox"/> Registration number if acting under 37 CFR 1.34	
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<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>															
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> / Travis B. Ribar / Signature		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> November 15, 2010 Date													
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Travis B. Ribar Typed or printed name		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> (202) 293-7060 Telephone Number													
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.														